

MEDICAID ASSET ASSESSMENT
MEDICAL INSTITUTION / COMMUNITY WAIVER RESIDENT AND COMMUNITY SPOUSE

INSTRUCTIONS:

Do not complete shaded areas. This form asks questions about the property or assets owned by you and/or your spouse. This information is needed to determine the total amount of assets owned by you (medical institution / community waiver resident) and your spouse, your spouse's share of those assets and the amount of assets you and your spouse may keep and meet the Medicaid asset limit.

Answer the following questions by providing information about all assets owned by you and/or your spouse as of _____. Include assets owned jointly with your spouse, family or other persons. Include your share and/or your spouse's share of jointly owned assets. You may be asked to verify some or all of the information you provide.

Case Name	Case Number
County	Worker Name

SECTION I – MEDICAL INSTITUTION / COMMUNITY WAIVER RESIDENT INFORMATION

Resident Name (Last, First, MI)

Institution/Community Program Address (Street, City, State, Zip Code)

Resident's Social Security Number*	Resident's Birthdate (mm/dd/yy)	Resident's Telephone Number
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SECTION II – SPOUSE INFORMATION

Spouse Name (Last, First, MI)

Spouse's Address (City, State, Zip Code)

Spouse's Social Security Number (only if applying)*	Spouse's Birthdate (mm/dd/yy)	Spouse's Telephone Number
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* Providing or applying for an SSN is voluntary; however any person who wants Wisconsin Medicaid but does not want to provide their SSN or apply for one will not be eligible for benefits, pursuant to WI Stats. s. 49.82(2).

SECTION III – ASSET INFORMATION

		RESIDENT OWNED ASSETS	SPOUSE' OWNED ASSETS	NAME OF PERSON OF JOINTLY OWNED ASSETS	OFFICE USE ONLY
1. Life Insurance	CASH VALUE	\$	\$		
	FACE VALUE	\$	\$		
2. Checking / Share-Draft Account		\$	\$		
3. Other accounts in a bank, credit union, savings and loan or other financial institutions		\$	\$		
4. Cash that belongs to you (include the current amount in a nursing home/institution patient account).		\$	\$		
5. Money paid for anyone into a burial trust, or to another person or place to pay for burial expenses.		\$	\$		
6. Other property or money, including any listed below:					
Cash in a safety deposit box		\$	\$		
Certificates of deposit		\$	\$		
Farm equipment and livestock		\$	\$		
Land /building (other than the place in which you live)		\$	\$		
Money owed to you or your spouse		\$	\$		
Notes / contracts of value		\$	\$		
Retirement Accounts (IRA and Keough accounts)		\$	\$		
Stocks or bonds (including U.S. Savings Bonds)		\$	\$		
Commodities (Kruggerbands, etc.)		\$	\$		
Trust fund		\$	\$		
7. Vehicles (List each vehicle and its value)					
Vehicle 1:		\$	\$		
Vehicle 2:		\$	\$		
Vehicle 3:		\$	\$		
8. Other Assets		\$	\$		
SUB-TOTAL – Assets - Listed Above		\$	\$		
TOTAL – Assets (Add sub total amounts of resident and spouse)		\$			

I certify, under penalty of perjury, that the information on this assessment form and that given in connection with it is a true and complete statement of the facts according to my best knowledge and belief. I also understand that I may be asked to provide proof of any information given on this assessment form and that giving false information may subject me to prosecution for fraud. I understand that if my spouse or I disagree with the findings of this assessment that my spouse or I cannot file for a fair hearing until my application for Medicaid benefits or my spouse's application for Medicaid benefits has been filed and eligibility determined.

I understand that after a decision has been made on my application for Medicaid, my spouse or I have a right to appeal the decision, if we disagree with the amount or the method of computing the community spouse asset share by requesting a fair hearing. We may request a hearing at the county/tribal social or human services department where I applied or by writing to:

Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

Finally, I understand that if any of the information provided by myself, my spouse or my authorized representative is incomplete or false, then the amount of the community spouse asset share is not binding in any department determination and is subject to change.

If an "X" is used, two witnesses must sign.

SIGNATURE – Resident	Date Signed
SIGNATURE – Community Spouse	Date Signed
SIGNATURE – Witness	Date Signed
SIGNATURE – Witness	Date Signed